

# 2000-2001 VIRGINIA PRESCHOOL INITIATIVE INTERIM REPORT

SUBMIT 1 ORIGINAL AND 1 COPY

OR SEND VIA EMAIL TO

[ksmith@mail.vak12ed.edu](mailto:ksmith@mail.vak12ed.edu) and [lwilliam@mail.vak12ed.edu](mailto:lwilliam@mail.vak12ed.edu)

City/County: \_\_\_\_\_ Lead Agency: \_\_\_\_\_

Name of Person

Completing this Form: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ Email: \_\_\_\_\_

Agency conducting program, if different from lead agency: \_\_\_\_\_

Number of classrooms in this program: \_\_\_\_\_ Total number of students funded by VPI? \_\_\_\_\_  
(Include only the number paid for by VPI funds)

What specific curricula is used? \_\_\_\_\_ High Scope \_\_\_\_\_ Creative Curriculum  
\_\_\_\_\_ Core Knowledge \_\_\_\_\_ Locally Developed

Teacher Starting Date: \_\_\_\_\_ Student Starting Date: \_\_\_\_\_

What staff development activities has your staff had to date:

For staff other than classroom teacher or teacher assistant, please complete the form below.

(If you have more than 6 additional support staff, copy chart on separate page and include those positions)

<p>Name/Position _____</p> <p>% of time serving VPI students: _____</p> <p>Qualifications:</p> <p>_____ Master's Degree _____ Bachelor's Degree</p> <p>_____ Associate's Degree _____ Child Care Development Associate (CDA)</p> <p>_____ High School Graduate</p> <p>#years experience in child care? _____</p>	<p>Name/Position _____</p> <p>% of time serving VPI students: _____</p> <p>Qualifications:</p> <p>_____ Master's Degree _____ Bachelor's Degree</p> <p>_____ Associate's Degree _____ Child Care Development Associate (CDA)</p> <p>_____ High School Graduate</p> <p>#years experience in child care? _____</p>
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Complete one box for each classroom (two classrooms per page) : Copy extra forms, if needed.

Classroom Information:	Student Demographics	Teacher Demographics
Classroom Identification # _____ Address _____ _____ _____ Telephone Number _____ Fax Number _____ Email Address _____ _____ <input type="checkbox"/> Public School <input type="checkbox"/> Community Action Program <input type="checkbox"/> For-profit child care <input type="checkbox"/> Nonprofit child care <input type="checkbox"/> Other	How many students enrolled from each funding source?: <input type="checkbox"/> VPI <input type="checkbox"/> Early Childhood <input type="checkbox"/> Special Education <input type="checkbox"/> Paying Tuition <input type="checkbox"/> Title I <input type="checkbox"/> Headstart <input type="checkbox"/> Department of Social Services <input type="checkbox"/> Other <input type="checkbox"/> Total Above (Not more than 16) Of the VPI students indicated above, how many are: <input type="checkbox"/> Caucasian <input type="checkbox"/> Male <input type="checkbox"/> Asian <input type="checkbox"/> Female <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Teacher's Name _____ % of time serving VPI students: _____ Qualifications: Years of experience in child care setting: _____ Type of degree (MA, BS, Associates) _____ If no degree, type of certificate: _____ Assistant's Name _____ % of time serving VPI students: _____ Qualifications: Years of experience in child care setting: _____ Type of degree (MA, BS, Associates) _____ If no degree, type of certificate: _____
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